

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street) ▼

1445 New York Avenue NW

Ste 800

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00359539

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ PRE-Election  
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

☒ POST-Election  
Report for the:☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

0

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer

Steven Debnar

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		202587.02
(b) Cash on Hand at Beginning of Reporting Period.....	101999.08	
(c) Total Receipts (from Line 19) .....	33346.69	774715.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	135345.77	977302.30
7. Total Disbursements (from Line 31) .....	61502.42	903458.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73843.35	73843.35
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 10 16 2014

To:

 M M / D D / Y Y Y Y  
 11 24 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

30095.99

753014.08

(ii) Unitemized .....

2923.34

18873.84

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

33019.33

771887.92

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

33019.33

771887.92

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

327.36

2827.36

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

33346.69

774715.28

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

33346.69

774715.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	296.27	18562.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	296.27	18562.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	808000.00
24. Independent Expenditures (use Schedule E) .....	48706.15	48706.15
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1190.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1190.00
29. Other Disbursements .....	0.00	27000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61502.42	903458.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61502.42	903458.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33019.33	771887.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1190.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33019.33	770697.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	296.27	18562.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	296.27	18562.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Imran Amir**

Mailing Address 3260 Tillman Dr  
Ste 120

City Bensalem State PA Zip Code 19020-2058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2014

Transaction ID : 8D2EEAB5-BADE-46D4-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Reagan Anderson**

Mailing Address 5439 Lester Aly

City Colorado Springs State CO Zip Code 80924-8147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colorado Dermatology Institute

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.65

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : 43C4855620A450810FAE

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Mark F. Baucom**

Mailing Address 5555 Peachtree Dunwoody Rd  
Ste 206

City Atlanta State GA Zip Code 30342-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Dermatologic Surgery Centers,

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2014

Transaction ID : 98CF7BE4-73F6-40DE-

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

5583.33

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Samia W. Borchers**

Mailing Address 5727 Far Hills Ave

City

Dayton

State

OH

Zip Code

45429-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

251.00

Date of Receipt

11 / 12 / 2014

Transaction ID : 0F8DD3B5-0B86-4C20-

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

**B. Randall L. Breau**

Mailing Address 2524 Crestwood Rd  
Ste 3

City

North Little Rock

State

AR

Zip Code

72116-7648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Skin Cancer Center

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 12 / 2014

Transaction ID : 39D874B0-2720-424B-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Clarence William Brown Jr.**

Mailing Address 6049 N Claremont Ave

City

Chicago

State

IL

Zip Code

60659-5257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ Dermatology

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 22 / 2014

Transaction ID : 1CBA1F4007C8831F266

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1351.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 8 OF 33

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Clarence William Brown Jr.**

Mailing Address 6049 N Claremont Ave

City State Zip Code  
Chicago IL 60659-5257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 06 / 2014

Transaction ID : E035B8BA1D75B3E9A43

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Marc Ronald Carruth**

Mailing Address 2615 E 7th St

City State Zip Code  
Charlotte NC 28204-4376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Skin Surgery Center, PA

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

11 / 10 / 2014

Transaction ID : 019CDEF5-9218-4B88-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. David Casper**

Mailing Address 8620A E County Road 466

City State Zip Code  
The Villages FL 32162-3670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alliant Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 23 / 2014

Transaction ID : F97CFB78-3F0D-473C-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Clay J. Cockerell**

Mailing Address 4312 Arcady Ave

City  
Dallas

State  
TX

Zip Code  
75205-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cockerell Dermatopathology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

10 / 22 / 2014

Transaction ID : 0B4396C7A125E5C1190

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Clay J. Cockerell**

Mailing Address 4312 Arcady Ave

City  
Dallas

State  
TX

Zip Code  
75205-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cockerell Dermatopathology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

11 / 06 / 2014

Transaction ID : 7750D1128FF49852390

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Brett M. Coldiron**

Mailing Address 1105 River Hill Dr

City  
Covington

State  
KY

Zip Code  
41011-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Skin Cancer Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 22 / 2014

Transaction ID : 7B5A7E130AE9A260613

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

## **A. Trenton Drew Custis**

Mailing Address 3301 C St

Department of Dermatology, Ste 140

City State Zip Code  
 Sacramento CA 95816-3367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Univ of California-Davis School of Med

Occupation  
 Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

11 / 15 / 2014

Transaction ID : D0DCEB7-203A-4941-

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

## **B. Leonard M. Dzubow**

Mailing Address 325 Durham Dr

City State Zip Code  
 Villanova PA 19085-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Chesley Office Campus

Occupation  
 Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 10 / 2014

Transaction ID : 13308B5A-EB3D-48ED-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. James Owen Ertle**

Mailing Address 333 Chestnut St

Ste 202

City State Zip Code  
 Hinsdale IL 60521-3249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Grant Square Medical Center

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 10 / 2014

Transaction ID : 1A1510E0-783F-40F3-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1251.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Neil N. Farnsworth**

Mailing Address 451 Iona St

City

Metairie

State

LA

Zip Code

70005-4427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farnsworth Dermatology, LLC

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 60FF8AF5-3513-4C8C-

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Mary F. Fredenberg**

Mailing Address 14155 N 83rd Ave  
Ste 110

City

Peoria

State

AZ

Zip Code

85381-5640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Valley Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 9C3C270B-77AB-4FB9-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Edward Glassberg**

Mailing Address 3918 Long Beach Blvd  
Ste 200

City

Long Beach

State

CA

Zip Code

90807-2685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laser Skin Care Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2014

Transaction ID : 2D9BB8B0-DF3D-4769-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. David Goldman**

Mailing Address 200 N Swall Dr  
PH 10

City State Zip Code  
Beverly Hills CA 90211-4722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Facey Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

11 / 13 / 2014

**Transaction ID : 4B65944FB657A843B3A3**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Barbara Greenan**

Mailing Address 9418 Balfour Drive

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Academy Of Dermatology

Occupation

Association Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 06 / 2014

**Transaction ID : 0E8800057C42D5B7966**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Faris Hawit**

Mailing Address 130 Hospital Rd  
Ste 200

City State Zip Code  
Prnc Frederick MD 20678-4055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2014

**Transaction ID : A4BBD5E5-3AEB-4367-**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

378.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Shannon I. Heck**

Mailing Address 4160 N 55th Pl

City

Phoenix

State

AZ

Zip Code

85018-4525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Skin Specialists

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

10 / 22 / 2014

**Transaction ID : 69190601684289B3DC1**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Shannon I. Heck**

Mailing Address 4160 N 55th Pl

City

Phoenix

State

AZ

Zip Code

85018-4525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Skin Specialists

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

11 / 06 / 2014

**Transaction ID : 205541603898591B7E5**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Yolanda Rosi Helfrich**

Mailing Address 3100 Pittsview Dr

City

Ann Arbor

State

MI

Zip Code

48108-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Michigan, Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.26

Date of Receipt

11 / 03 / 2014

**Transaction ID : 48D3B42A9498A1DC9AF3**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

## **A. Nicole Prevo Kageyama**

Mailing Address 1412 SW 43rd St  
Ste 205

City Renton State WA Zip Code 98057-4803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Pacific Dermatology, PS

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 12 / 2014

**Transaction ID : CC1411E2-A87C-415A-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Sewon Kang**

Mailing Address 1550 Orleans St  
Department of Dermatology Cancer R

City Baltimore State MD Zip Code 21287-0014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins Univ Sch of Medicine

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2014

**Transaction ID : 03CCB36D-597F-4179-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Stephen E. Kessler**

Mailing Address 5316 E Calle Del Medio

City Phoenix State AZ Zip Code 85018-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2014

**Transaction ID : 98F715D9-4C3D-446A-**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael Dominic Lee**

Mailing Address 345 McKinley Ave

City  
Edison

State  
NJ

Zip Code  
08820-1626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 10 / 2014

**Transaction ID : 193C5A12-037B-4548-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Charles E. Linden**

Mailing Address 18364 Clark St

City  
Tarzana

State  
CA

Zip Code  
91356-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 15 / 2014

**Transaction ID : 503122A0-CE46-45FF-**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Laertes Alexis Manuelidis**

Mailing Address 8381 Riverwalk Park Blvd  
Ste 101

City  
Fort Myers

State  
FL

Zip Code  
33919-8760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 10 / 2014

**Transaction ID : E50CF021-BBE9-44F0-**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Shannon Martin**

Mailing Address 861 Tulip Poplar Dr

City

Hoover

State

AL

Zip Code

35244-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pure Dermatology & Aesthetics, PC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 22 / 2014

Transaction ID : F79855F8F1D3A265B97

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth Shannon Martin**

Mailing Address 861 Tulip Poplar Dr

City

Hoover

State

AL

Zip Code

35244-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pure Dermatology & Aesthetics, PC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 06 / 2014

Transaction ID : 075D3E87D88CE2C3A74

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Charity Foster McConnell**

Mailing Address 308 Granny White Pike

City

Brentwood

State

TN

Zip Code

37027-5754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franklin Dermatology Group, PLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 18 / 2014

Transaction ID : 4F6BB91B7ED0C144265A

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Charity Foster McConnell**

Mailing Address 308 Granny White Pike

City

Brentwood

State

TN

Zip Code

37027-5754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franklin Dermatology Group, PLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 18 / 2014

**Transaction ID : 4B20848637FDCC5103C8**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Robyn M. McCullem**

Mailing Address 4605 Maple Leaf Dr

City

Columbia

State

MO

Zip Code

65201-7235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jefferson City Medical Group

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : B2214CE5-F3CB-46B9-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mary Alice Mina**

Mailing Address 5555 Peachtree Dunwoody Rd  
Ste 206

City

Atlanta

State

GA

Zip Code

30342-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Dermatologic Surgery Centers P

Occupation

Mohs Surgeons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

11 / 10 / 2014

**Transaction ID : 5D1D265C-D558-48B7-**

Amount of Each Receipt this Period

251.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

851.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Elise Olsen**

Mailing Address PO Box 3294

Dumc

City

Durham

State

NC

Zip Code

27715-3294

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Dermatology

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2014

Transaction ID : A929B044-5BDB-4B09-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Julie Maria Pena**

Mailing Address 200 Cool Springs Blvd

City

Franklin

State

TN

Zip Code

37067-2677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skin Solutions Dermatology &amp; Skin Canc

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2014

Transaction ID : 3AA5E410-DA7F-4D17-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Christine Poblete-Lopez**

Mailing Address 37827 Briar Lakes Dr

City

Avon

State

OH

Zip Code

44011-2190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : F32F1529DEFA3A2E480

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

2100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Christine Poblete-Lopez**

Mailing Address 37827 Briar Lakes Dr

City

Avon

State

OH

Zip Code

44011-2190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 06 / 2014

**Transaction ID : F9DC842A780201DCBC4**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Long T. Quan**

Mailing Address 1706 Saint Julian Pl

City

Columbia

State

SC

Zip Code

29204-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas Dermatology Group

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 11 / 2014

**Transaction ID : 7701F9F4-F837-43E8-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Richard E. Ranchoff**

Mailing Address 20455 Lorain Rd  
Ste 103

City

Fairview Park

State

OH

Zip Code

44126-3529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Valley Medical Building

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2014

**Transaction ID : 8A352EC8-024E-4989-**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Babar K. Rao**

Mailing Address 1 Worlds Fair Dr

Department of Dermatology, Ste 240

City

State

Zip Code

Somerset

NJ

08873-1344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rutgers Robert Wood Johnson Medi Schoo

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 10 / 2014

Transaction ID : E25496D4-92C1-49CF-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Matthew R. Ricks**

Mailing Address 5316 SW 40th Ter

City

State

Zip Code

Topeka

KS

66610-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

10 / 25 / 2014

Transaction ID : 423AB9FBEF501248C699

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Sarah Schram**

Mailing Address 1800 W Lake St

Apt 506

City

State

Zip Code

Minneapolis

MN

55408-1996

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Minnesota

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2014

Transaction ID : 8F92A404-142E-45F6-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1083.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Daniel Shurman**

Mailing Address 605 Meadows Edge Ln

City  
Villanova

State  
PA

Zip Code  
19085-2072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Dermatology Partners

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 11 / 2014

**Transaction ID : 43AFBFE7-9483-4425-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Daniel M. Siegel**

Mailing Address 33 Hitherbrook Rd

City

Saint James

State

NY

Zip Code

11780-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long Island Skin Cancer And Dermatolog

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4427.66

Date of Receipt

10 / 22 / 2014

**Transaction ID : 7D2929E27531E6E2B78**

Amount of Each Receipt this Period

573.00

Full Name (Last, First, Middle Initial)

**c. Daniel M. Siegel**

Mailing Address 33 Hitherbrook Rd

City

Saint James

State

NY

Zip Code

11780-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long Island Skin Cancer And Dermatolog

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4427.66

Date of Receipt

11 / 06 / 2014

**Transaction ID : 8EC4B9671CFC8FFCD5**

Amount of Each Receipt this Period

573.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1646.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

## **A. Lorien Young Sites**

Mailing Address 2525 21st Ave S  
Ste 100

City Nashville State TN Zip Code 37212-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nashville Skin & Cancer

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 10 / 2014

**Transaction ID : C52653CD-858A-4F0C-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Christine Stanko**

Mailing Address 1211 Limberlost Ln

City Gladwyne State PA Zip Code 19035-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bryn Mawr Dermatology

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2014

**Transaction ID : 15516C4D5D79C61EC48**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Ronnit H. Stein**

Mailing Address 5210 Linton Blvd  
Ste 307

City Delray Beach State FL Zip Code 33484-6500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

11 / 19 / 2014

**Transaction ID : 3649B328-15B1-480D-**

Amount of Each Receipt this Period

251.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1501.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Kristen M. A. Stewart**

Mailing Address 230 Lora St

City

Neptune Beach

State

FL

Zip Code

32266-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Dermatology and Cosmetic Surg

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 10 / 2014

Transaction ID : 56D254D1-F33F-42B5-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Charles B. Stoer**

Mailing Address 4525 SE 13Street

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

10 / 22 / 2014

Transaction ID : B10938342FC17CCD6AD

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**c. Charles B. Stoer**

Mailing Address 4525 SW 13th Street

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

11 / 06 / 2014

Transaction ID : 24F5386859E2BBDE6E6

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Sabra Sullivan**

Mailing Address 242 Hidden Oaks Dr

City State Zip Code  
 Ridgeland MS 39157-7000

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Dermatology Associates, LLC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 22 2014

Transaction ID : 52512C29EAEC3BAFAD7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Sabra Sullivan**

Mailing Address 242 Hidden Oaks Dr

City State Zip Code  
 Ridgeland MS 39157-7000

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Dermatology Associates, LLC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 06 2014

Transaction ID : 090AD8DA0F2B5245ACA

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mohiba Khan Tareen**

Mailing Address 3021 E Calhoun Pkwy

City State Zip Code  
 Minneapolis MN 55408-2520

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Tareen Dermatology

Occupation  
 Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 12 2014

Transaction ID : D77A2DC1F896339DFF4

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Robert Clark Terrill**Mailing Address 8600 Gaylord Pkwy  
Ste 1

City Frisco State TX Zip Code 75034-8575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert C. Terrill, M.D., P.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
11	10	2014

Transaction ID : C4D51873-68A5-4A02-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mary B. Toporcer**

Mailing Address 2820 Ashton Ct

City Doylestown State PA Zip Code 18902-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
10	20	2014

Transaction ID : A52D127A479586888AD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Nicole Velez**Mailing Address 166 N Dithridge St  
Apt 4C

City Pittsburgh State PA Zip Code 15213-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westmoreland Dermatology Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M	D D	Y Y Y Y
11	12	2014

Transaction ID : 51E870B7-AB83-4026-

Amount of Each Receipt this Period

251.00

SUBTOTAL of Receipts This Page (optional)..... ►

751.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Allison Therese Vidimos**

Mailing Address 9500 Euclid Ave

Department of Dermatology, # A-60

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

**Transaction ID : D73E4C58-EB75-4030-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Greg E. Viehman**

Mailing Address 710 Military Cutoff Rd

Ste 200

City

Wilmington

State

NC

Zip Code

28405-2374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SeaCoast Skin Surgery

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 17 / 2014

**Transaction ID : F10727E8-357D-409D-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Margaret A. Weiss**

Mailing Address 54 Scott Adam Rd

Attn: Kent Wise, Ste 301

City

Hunt Valley

State

MD

Zip Code

21030-3360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Laser, Skin & Vein Institute,

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 11 / 2014

**Transaction ID : 5D076733-A74E-4A26-**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Christopher Weyer**

Mailing Address 4192 E Babbling Brook Dr

City

Tucson

State

AZ

Zip Code

85712-6634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology and Plastic Surgery of Ari

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : F7B7D8DE-4910-4901-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. George B. Winton**

Mailing Address 1917 Millbrook Dr

City

Johnson City

State

TN

Zip Code

37604-1485

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tri-Cities Skin and Cancer

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

Transaction ID : 55E628A75E0D6689383

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

30095.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 33  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

## **A. Mammen Group, Inc.**

Mailing Address 1901 L Street NW

City  
Washington

State Zip Code  
DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Contribution

Aggregate Year-to-Date ▼

327.36

Date of Receipt

11 / 11 / 2014

Transaction ID : 05B1DDD06A539EF63AE

Amount of Each Receipt this Period

163.68

Partial Refund of 10/21 Independent Expenditure

Full Name (Last, First, Middle Initial)

## **B. Mammen Group, Inc.**

Mailing Address 1901 L Street NW

City  
Washington

State Zip Code  
DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Contribution

Aggregate Year-to-Date ▼

327.36

Date of Receipt

11 / 11 / 2014

Transaction ID : 320B3E678D38F654C82

Amount of Each Receipt this Period

163.68

Partial Refund of 10/23 Independent Expenditure

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

327.36

327.36

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 33

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072
Purpose of Disbursement  
Amex Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : V0E9024679A46681AF7A

Amount of Each Disbursement this Period

22.36

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address PO Box 6603

City State Zip Code  
Hagerstown MD 21741
Purpose of Disbursement  
VS/MC Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : V96339EF40DD1504AEA1

Amount of Each Disbursement this Period

273.91

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

296.27

296.27

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. America Works PAC**

Mailing Address PO Box 15293

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**America Works PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

**Transaction ID : 0068F8F12EB8E34DA65**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Ben Sasse for US Senate Inc**

Mailing Address PO Box 1976

City  
FremontState  
NEZip Code  
68026-1976Purpose of Disbursement  
2014 General

011

Candidate Name

**Benjamin E. Sasse**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 01D3E5BC0F8EE410E1C**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Holding Onto Oregon's Priorities**

Mailing Address PO Box 3314

City  
PortlandState  
ORZip Code  
97208Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Holding Onto Oregon's Priorities**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

**Transaction ID : 569EE060A4E2FB07080**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. New York Jobs PAC**

Mailing Address PO Box 708

City Melville	State NY	Zip Code 11747
------------------	-------------	-------------------

Purpose of Disbursement  
2014 Contribution

Candidate Name

**New York Jobs PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : F266AFF133A343C0345**

Amount of Each Disbursement this Period

2500.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
---------

12500.00
----------

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 32 OF 33  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American Academy of Dermatology Association Political Action Committee (SkinPAC)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00359539         </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Mammen Group, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address    1901 L Street NW			Amount 12411.18		
City    State    Zip Code Washington    DC    20036		Transaction ID : <b>VCB73A6068455D8811CF</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014			
Purpose of Expenditure Postcard mailer		Category/ Type			
Name of Federal Candidate Rep. Ameriash B. Bera			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mammen Group, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address    1901 L Street NW			Amount 12411.18		
City    State    Zip Code Washington    DC    20036		Transaction ID : <b>VE5E80279514D582D17B</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014			
Purpose of Expenditure Postcard mailer		Category/ Type			
Name of Federal Candidate Rep. Ameriash B. Bera			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			24822.36		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					
(c) <b>TOTAL</b> Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Steven Debnar</i>			Date    MM / DD / YYYY 12 / 03 / 2014		

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 33 OF 33  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American Academy of Dermatology Association Political Action Committee (SkinPAC)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00359539       </div>								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>											
Full Name of Payee <b>Expert Communications &amp; Training Inc</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 24 / 2014 </div>								
Mailing Address <b>5416 Country Club Drive</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12031.40</div>								
City <b>La Grange</b>		State <b>IL</b>	Zip Code <b>60525</b>		<b>Transaction ID : V17BD8A50432FE7EC9A8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 24 / 2014 </div>						
Purpose of Expenditure <b>Postcard Mailer</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Name of Federal Candidate <b>Rep. Joseph Heck Jr.</b>							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">23883.79</span>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NV</b>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶								
Full Name of Payee <b>US Postmaster</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 24 / 2014 </div>								
Mailing Address <b>1001 E. Sunset Road</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11852.39</div>								
City <b>Las Vegas</b>		State <b>NV</b>	Zip Code <b>89199</b>		<b>Transaction ID : V9128AEAD826DE940E76</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 24 / 2014 </div>						
Purpose of Expenditure <b>Postcard Mailer</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Name of Federal Candidate <b>Rep. Joseph Heck Jr.</b>							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">23883.79</span>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NV</b>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶								
<table style="width:100%;"> <tr> <td style="width:60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶</td> <td style="width:40%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">23883.79</div></td> </tr> <tr> <td>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....</td> <td style="text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></td> </tr> <tr> <td>(c) <b>TOTAL</b> Independent Expenditures.....▶</td> <td style="text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">48706.15</div></td> </tr> </table>						(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">23883.79</div>	(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">48706.15</div>
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">23883.79</div>										
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">48706.15</div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
<div style="display: flex; justify-content: space-between;"> <div>           Signature <u>Steven Debnar</u>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">[Electronically Filed]</div> </div> <div>           Date <span style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</span>            12 / 03 / 2014         </div> </div>											